

Received & Inspected

SEP 09 2013

FCC Mail Room

FCC Comments on Notification of Inquiry,

ET Docket No. 13-84,
Reassessment of Federal Communications Commission Radiofrequency
Exposure Limits and Policies

ET Docket No. 03-137,
FCC Proposes Changes in the Commission's Rules and Procedures
Regarding Human Exposure to RadioFrequency Electromagnetic Energy.

To: FCC

Re: Modify current radiation exposure limits

Action: Reduce electromagnetic radiation exposure limits to protect systems
(communication and human)

Gentlemen / Ladies:

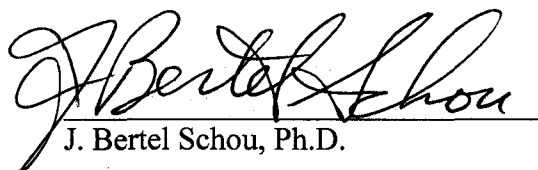
Current electromagnetic radiation exposure limits (set by a non-biological group – IEEE) and based solely on heating do not encompass stringent enough protection for our biological systems on earth. A growing population has been harmed by electromagnetic radiation.

Double-blind studies on humans have proven physiological effects while scientific studies on plants and animals are elucidating highly significant negative effects to their well being as well.


Sincerely yours,

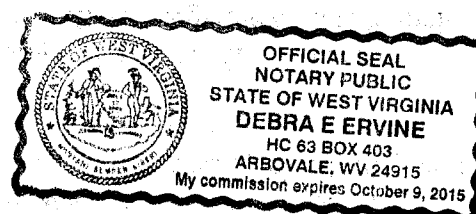
Dr. J. Bertel Schou
(a research biologist)

I ask that the FCC accept this Comment for consideration


J. Bertel Schou, Ph.D.

Sworn to before me
This 3rd day of September, 2013


Notary Public



No. of Copies rec'd 0+1
List ABOVE

Office of the Secretary
Federal Communications Commission
445 12th St. SW, Washington, DC 20554

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FCC Mail Room

Re: Reassessment of Federal Communications ET Docket No. 13-84
(Commission Radiofrequency Exposure Limits and Policies)

Proposed Changes in the Commission's Rules ET Docket No. 03-137
(Regarding Human Exposure to Radiofrequency Electromagnetic Fields)

To: Office of the Secretary
Federal Communications Commission , Washington, DC 20554

As officially presented in the Federal Register/ Vol. 78, No. 107 / Tuesday, June 4, 2013 /
Proposed Rules. Federal Communications Commission, 47 CFR Parts 1, 2, 15, 24, 25,
27, 73, 90, 95, 97, and 101 [ET Docket Nos. 03-137 and 13-84; FCC 13-39],
Reassessment of Exposure to Radiofrequency Electromagnetic Fields Limits and
Policies, Federal Communications Commission

"Comments on Notice of Inquiry, ET Docket No. 13-84."

My husband told me not to bother to write a letter; ..that those in office do not read what we send them, nor care...that you are working for the companies that benefit, in this case, telecommunications companies, and everyone is in it for greed, and you will not care for nor protect the populace. In my own mind, I had to know I did what I could. Not just for myself, but for those who do not or can not write.

There has been many years of proof that radiation (now from cell phones, and cell towers, smart meters) makes people ill. You know this and we know you know. So why even the consideration of keeping the standard limit the same or making the standard limit higher.? The proof is too numerous to recount ..please read them for yourself.

(www.emfsafetynetwork.org)

Countries that we consider not as advanced as the mighty United States have lowered their limits, taken towers down, put tight limits on wifi around children and residential areas and even put in "white zones" for those who are now suffering from ElectroMagnetic Hyper Sensitivity,.. yet we can not even label a cell phone as dangerous? Now tell us who you work for?

Please, look at medical and scientific evaluations based on latest findings, (not "thermal", as the industry would have you do.) Please, in this instance, show us you work to protect the American public. Vote to drastically lower the cell phone radiation limits, to at least those set in Germany, France and Italy. And Please, NO WI MAX.

Thank you Thank you
Anne Mills

35501 S. Hwy 1, Gualala, CA 95445



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Office of the Secretary
Federal Communications Commission
445 12th St. SW, Washington, DC 20554

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Re: Reassessment of Federal Communications ET Docket No. 13-84
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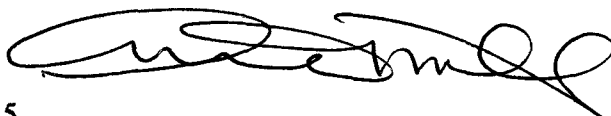
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Commission Radiofrequency Exposure Limits and
Policies

ET Docket No. 03-137,
FCC Proposes Changes in the Commission's Rules
and Procedures Regarding Human Exposure to
RadioFrequency Electromagnetic Energy.

Diane Schou
PO Box 99
Green Bank, West Virginia 24944

Attached is a letter sent to:

Mr. Julius Knapp, Chief
Office of Engineering and Technology
Federal Communication Commission
Washington, D.C. 20554

No. of Copies rec'd
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SEP 09 2013

Dr. Diane Schou
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Green Bank, West Virginia
24944
(304) 456-5558
Fax (855) 558-5888
September 3, 2013

Dr. J. Bertel Schou^{FCC Mail Room}
P.O. Box 249
Cedar Falls, Iowa 50613
(319) 277-6661

Mr. Julius Knapp, Chief
Office of Engineering and Technology
Federal Communication Commission
Washington, D.C. 20554
Fax (202) 418-1944

12 pages

Dear Mr. Knapp

Dealing With EMR

The FCC responded September 14, 2012, to a letter we sent to Senator Grassley, requesting a White Zone and protection. The response was, however, unacceptable¹. Our own plight and that of many other individuals who are made ill by electromagnetic radiation can no longer be ignored. Avoiding cell towers, smart-meters, and Wi-Fi emissions are increasingly difficult, if not impossible.

Just as most people can eat a peanut, and just a peanut can kill someone else; we cannot tolerate electromagnetic radiation. The individual, allergic to peanuts, can avoid eating them and can keep peanuts out of their home. Electromagnetic radiation (EMR) cannot be blocked out from entering our homes nor stopped from entering our property, and living spaces.

Sometimes EMR is called electro-smog. The emissions are invisible, far-reaching, penetrating, and have amplitudes (power levels) much higher than quieter, natural background radiation.

Bert and Diane own a farm in Cedar Falls, Iowa, where they lived until a cell tower was erected nearby, and Diane's life became a misery of intolerable pain. Bert continues to cautiously live and work on the farm, but Diane was forced into exile, to live a nomadic existence, until she found a safe place to live in the United State's National Radio Quiet Zone close to the National Radio Astronomy Observatory (NRAO). The FCC knows some people who are harmed by EMR (technological lepers) have gone to Green Bank, West Virginia.

This is a very serious and compelling situation. As the increasing emissions from many sources converge in the atmosphere, we are creating a soup of un-regulated and un-monitored frequencies. This man-made radiation is artificial and is totally new to the environment. Nothing – no plant, no living thing – has ever been exposed to such EMR in the life of this planet until now. Nothing is therefore adapted to it.

We urge you to undertake the following:

- 1) White Zone areas: The government and military protects delicate instruments from EMR, so how is it that human bodies don't need the same? It is urgent that those of us, who are unable to tolerate exposure to EMR, have access to or be provided with areas where we are not harmed, areas where we can safely live in a humane fashion and where we can be productive. It appears the FCC will not entertain any notion regarding regulating emissions. Will the government grant areas to be White Zones that will shield and protect us?
- 2) Housing is difficult to find in Green Bank, an unofficial White Zone. Perhaps housing may be offered as will likely be for victims of Hurricane Sandy or the Nor'easter? Help is needed for those in forced exile too. Perhaps residences in and around the military base of Sugar Grove, which may be (according to rumors) partially shutting down? For some people the choices are to live in a car (to reduce harm) or to return to exposure (to risk harm, to live with continual pain or to possibly be willing to die because there is no relief). This is unjust.
- 3) The Department of Justice needs to recognize technological leprosyⁱⁱ as a disability. Basic civil services cannot be used if the services continue to promote harmful emissions; which cause even more struggles for – those who already have had their lives changed or those whose disabilities are not recognized.
- 4) Keep NRAO. Did the EMR industry influence NSF into closing NRAO? Is this another way to cause harm to technological lepers, because we are viewed as a threat to the EMR industry? Because we are asking for White Zones, is this a way for the EMR industry to prevent Green Bank becoming a White Zone? The economics from NRAO is needed here for residents and those in forced exile.
- 5) Technological lepers need the FCC and the FCC needs technological lepers. People who detect harmful EMR emissions, are useful and irreplaceable.
- 6) Within the FCC and the U.S. government, is there anyone who is a technological leper? How many technological lepers work there? Have there

been people who wished to visit or attend meetings but because they are technological lepers and become harmed when exposed, they cannot be present? How many people worked for the FCC and the U.S. government and had to leave because they became technological lepers? Were changes made so technological lepers could continue working and be productive?

- 7) Put people first. Where is the Precautionary Principle? Can industry, businesses, users of EMR, as well as the FCC be likened to undisciplined orphans?

Undisciplined orphans: without parental guidance, doing as they want, self centered – acting for their own interests or gain, putting EMR everywhere, injuring others, hiding information, not taking responsibility, and no one to control them.

- 8) Technology seems to be addictive. Many addicted users of EMR do little else. Possibly, because it is so addictive, they deliberately ignore the harm their actions are causing to others and even to themselves. It seems the addicting pay, rewards, wins, tweets, become the selected activity, even when people, including the users, are sensing something is wrong (i.e. headaches, numb fingers, forgetfulness, diabetes, dizziness, etc.). They become angry and sometimes abusive when there is interference.

Promote the Precautionary Principle.

- 9) Give power to government agencies to protect technological lepers. Tighten the reins to the powerful EMR industry and EMR economy. Technological lepers are not safe and cannot live in peace, when they become injured by EMR emissions in their homes, outdoors on their own properties, at work, at school, and where their families or friends spend time.

During holidays, it is difficult to reach out to others (i.e. friendship, giving, helping, sharing, celebrating) when an isolated person needs just the basics i.e. food, warmth, and a place to live.

Give power to government agencies to put people first. Technological lepers need to have guaranteed safe places to live, to function, to survive, to be productive and to celebrate life.

- 10) Distribute credible meters to detect, measure, and record invisible, penetrating: electrical fields, magnetic fields, non-ionizing radiation, and ionizing radiation. It's not just enough to be told that everything is well and it would seem the wireless institutions are not out for our well being. Without meters, it may be claimed EMR does not exist. Building the meters and measuring environments could become valuable detective research businesses. See endnoteⁱⁱⁱ

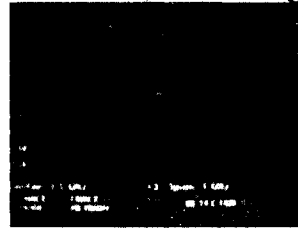
- a) We need to know and be actively aware of what invisible emissions we are living / working / sleeping in on a daily bases. Look at the differences

recorded between

Cedar Falls, Iowa 1996 (left) and Green Bank, West Virginia 2012 (right).



Schou



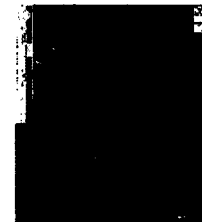
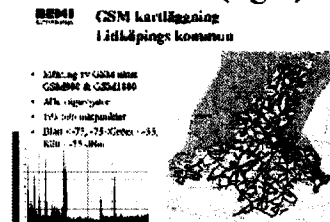
Schou

- b) Emissions logged over while driving, example: document changes in exposure. Electrical fields, magnetic fields, non-ionizing radiation. Time is vertical. Horizontal is frequency, color is amplitude (power level). Twenty second max hold and sweeps (trace). GPS coordinates were also recorded.



Schou

- c) Map EMR within towns, cities and rural areas. Two examples: BEMI by Tegenfeldt (left, he did this as a profession) and map of potassium concentrations (right)



Google

- 11) The EMR industry and our government do not seem to be responsible nor respectful. This is fundamental as most business models still do not recognize or take in to account any consideration for the people. Industry and government agencies repeatedly referenced the FCC. As Diane was being harmed, and requested that emissions be checked, the FCC and government agencies contacted would not do so.

- 12) Wrong assumptions:

- a) Assuming technological lepers react to all frequencies, is false.
- b) Assuming the emission from one cell phone equals or mimics all frequencies is false.

One cell phone does not produce all frequencies.

Technological lepers are individuals, they are not the same. Some technological lepers may be harmed by frequencies others can tolerate and vice versa.

Were technological lepers injured by a single frequency, several frequencies,

other exposures? Were these continual or pulsing? To understand this more, use meters to investigate the unknown frequency at the time and under what conditions. Measure cellular changes, blood changes, heart changes, eye changes, headaches, skin changes, and more effects.

A few technological lepers become disabled when exposed to more than just several frequencies. Over time, observers need to learn what are the unknown frequencies. Questions: is it a combination of frequencies? Are frequencies modulated or pulsed? Is there something else (i.e. a chemical) present?

Technological lepers do not need meters to know what they detect or when they are being harmed. Meters are needed in such places as churches, cities, hospitals, government places, so others (officials or people) may verify and learn what technological lepers are physiologically reacting to.

- 13) EMR detective research: Measure frequencies (*all* frequencies) in the environments where people are harmed.

One technological leper, identified pain – the same pain when exposed to EMR. Two meters showed no emissions from cell phone nor Wi-Fi. The technological leper definitely felt pain and felt certain there was EMR in that environment. A third meter, measuring more frequencies, displayed a powerful emission about 24 GHZ, not of cell phone nor Wi-Fi frequencies. The technological leper was right. If this had been a research study, a report would have incorrectly attributed the pain as imaginary, psychological, or to a placebo. Could this be a flaw in some research reports?

There are many symptoms (Bevington, 2012) and , many frequencies, and people are not alike. One needs to go to an individual's environment and measure the electromagnetic radiation of *all* the frequencies in the environment.

- 14) Allocate dollars for research. While industries will fund their own conclusions, often we the people of this country are the only advocates who can stand up for what is happening. A few research ideas were suggested in "EMR detective research" and other research ideas are in the endnote.^{iv}
- 15) Don't phase out telephone lines or the U.S. Postal Service. Wired telephones and the U.S. Mail and direct contact are often the only access to people in exile. What would be used if EMR were to be discontinued?
- 16) Is anyone aware of a developing problem – Twitter, Facebook, email, ".com" etc. are the only contacts acceptable. When computer usage is required, access is not possible for people harmed or disabled by EMR because being near electronic devices is unbearably harmful for many technological lepers. Require quick access (not always the case with automated telephones) via telephone and U.S. mail with competent people accessible.
- 17) The FCC disregarded testimonies – people reporting harm they witnessed, harm they experienced, and research finding health effects (EMR-Policy-

Institute, 2009a) (EMR-Policy-Institute, 2009b). In a 2012 letter, the FCC did not cite documents correlating health effects from EMR exposure such as: (WHO International Agency for Research on Cancer, 2011), (McCarty et al., 2011), (Rea et al., 1991), or research papers written by Dr. Olle Johansson, Dr. Henry Lai, Dr. Samuel Milham, Dr. Andrew Marino, Dr. Magda Havas.

- 18) The FCC enclosed a biased study in their reply. The study of literature by Rubin seems “Cherry picked”; see (Havas, 2012).
- 19) The FCC would not come to document the toxic environment as Diane was being harmed. They repeatedly informed us either a) the cell tower is safe or b) there are no health effects. Harm from EMR is real; protection for people from EMR has not been obtained but is needed.

Injury from EMR is real. Living in our Iowa home, Diane became ill, eventually overexposed from the emissions of a newly built cell tower. If living at home had been safe, Diane wouldn't have been forced into exile, away from Bert, away from co-managing their research farm business, nor would they have written this letter.

The above requests and requests in the addendum are urgent. The time to act was yesterday, but regulatory action is still possible.

Respectfully Yours,

Diane Schou, Ph.D.

Bert Schou, Ph.D.

Enclosures: The WHO International Agency for Research on Cancer. IRAC classifies radiofrequency electromagnetic fields as possibly carcinogenic to humans. Lyon, France: World Health Organization. 2011. (page 1 of 6). Havas M. Science 101: Cherry picking & black swans. 2012 with link to You Tube (please view this).

Cc: Senator Grassley, FCC comments on notification of inquiry dockets 13-84 and 03-137, Senator Harkin, Representative Braley, Senator Rockefeller, Senator Manchin, Representative Rahall.

Bevington, M. (2012). *Electromagnetic Sensitivity and Electromagnetic Hypersensitivity (also known as Asthenic Syndrome, EMF Intolerance Syndrome, Idiopathic Environmental Intolerance - EMF, Microwave Syndrome, Radio Wave Sickness) A Summary*. London: Capability Books.

EMR-Policy-Institute. (2009a). In the Matter of A National Broadband Policy for Our Future: EMR Policy Institute Comment. In FCC (Ed.), (pp. 485). P.O. Box 117 Marshfield, VT 05658: Federal Communications Commission GN Docket 09-51.

EMR-Policy-Institute (2009b). [In the Matter of A National Broadband Policy for Our Future: Reply to Comments].

Havas, M. (2012). Science 101: Cherry picking & black swans
<http://www.magdahavas.com/science-101-cherry-picking-black-swans/> You Tube: <http://www.youtube.com/watch?v=QyzZX-bCiqs>.

McCarty, D. E., Carrubba, S., Chesson, A. L., Frilot, C., Gonzalez-Toledo, E., & Marino, A. A. (2011). Electromagnetic hypersensitivity: Evidence for a novel neurological syndrome. *Int J Neuroscience*. doi: 10.3109/00207454.2011.608139

Rea, W. J., Pan, Y., Yenyves, E. J., Sujisawa, I., Samadi, N., & Ross, G. H. (1991). Electromagnetic field sensitivity. *J Bioelectr*, 10, 241-256.

WHO International Agency for Research on Cancer. (2011). IRAC classifies radiofrequency electromagnetic fields as possibly carcinogenic to humans. Lyon, France: World Health Organization.

ⁱ The FCC cited and sent a paper by Rubin. Nicols Fox, harmed by electromagnetic radiation, noted "The paper the FCC enclosed was biased. Search for another paper also written by Rubin which appeared in the British Medical Journal in 2006 (Rubin JG, Hahn G, Everitt BS, Cleare AJ, Wessley S. Are some people sensitive to mobile phone signals? Within participants double blind randomized provocation study. *Br Med J*. 2006;332:886-91). The abstract to this study appears to show that EMR is psychological in origin. However, a close search of the entire study would demonstrate its weakness. For example, truly ES individuals would have been eliminated as subjects by the fact the study was conducted in a) an urban area, b) a modern office building, c) an office furnished with modern office equipment. Any of these would have been a deterrent to the participating of sensitive individuals."

A paper verifying health effects, McCarty, D. E., Carrubba, S., Chesson, A. L., Frilot, C., Gonzalez-Toledo, E., & Marino, A. A. (2011). Electromagnetic hypersensitivity: Evidence for a novel neurological syndrome. *Int J Neuroscience*. doi: 10.3109/00207454.2011.608139. This paper may have precipitated the media and the BBC to interview people harmed by electromagnetic radiation.

ⁱⁱ Technological leprosy is not a contagious virus – it is a name created to portray the nomadic living conditions experienced by people harmed / injured / disabled by – EMR. To avoid

symptoms linked to EMR exposure (Bevington, 2012), technological lepers avoid areas with cell towers, Wi-Fi, smart meters, battery run devices, power lines, etc.; they shy away from people (who carry, wear or use technological devices), and avoid crowds. Many technological lepers experience stigmas of being shunned, abused, harassed, bullied, excluded, and threatened.

Even in remote areas refugees gather, technological lepers find they still need to be cautious. As individuals, they are not the same; some may react to frequencies others can tolerate and vice versa.

Names for this condition include: electromagnetic hypersensitivity, EHS, electromagnetic sensitivity, EMS, electrical sensitivity, ES, microwave sickness, radio wave sickness, idiopathic environmental intolerance, IEI, EMF sensitivity.

Idiopathic is misleading. Illness, sickness, intolerance, or sensitivity portrays there is something wrong with our bodies, we have been injured. Radio-wave sickness implies one is harmed by AM or FM radio frequencies and not harmed by electrical fields, magnetic fields or frequencies above radio bands. Electromagnetic hypersensitivity implies one can tolerate non-ionizing radiation but not electrical or magnetic fields.

Technological lepers have been injured, harmed, disabled, poisoned, overexposed, and are victims from EMR emissions.

More suitable descriptions include: electromagnetic radiation disabled, electromagnetic radiation injured, electromagnetic radiation wounded, harmed by electromagnetic radiation, overexposed to electromagnetic radiation, electromagnetic radiation poisoned, or electromagnetic radiation victim. These descriptions might be too long, use many words, and people generally do not grasp the concept of EMR.

No one wished to be a technological leper (both disabled and the words). When "technological leprosy" is used, many people immediately understand, make changes, and take precautions to protect us.

ⁱⁱⁱ Build meters and antennas to measure: the electrical fields, contaminated (dirty) electrical fields, magnetic fields, frequencies of non-ionizing radiation (to study all frequencies, combinations of frequencies, pulsing or modulation), ionizing radiation (Fukushima, etc.), GPS coordinates, date and times. Build the meters to record and save. Build transportable meters that are accurate, easy to use and easy to understand. Build meters to log emissions over time. Build meters that are similar to black boxes in aircraft and easily accessed for use in vehicles. Build meters that could have revealed EMR influence before and during events such as the Detroit marathon. Build meters that log EMR exposure levels and changes when errors occur in operating rooms. Include EMR meters in black boxes to document when pilots make errors in aircraft. Build meters to report EMR levels and changes when vehicle accidents occur. Install meters in environments where learning or alertness is important. Build meters to measure EMR in environments where people become ill. Build meters in environments where poor decisions are made.

Build meters to map EMR in towns, cities and rural areas. Maps of EMR are helpful for people and officials to compare health effects and location or time of environmental exposures. Maps help people decide where to live. Maps warn of unsafe environments. Get measurements of emissions published and available to people. Build meters to record photos of locations as well as emissions, GPS coordinates, and time.

^{iv} Research questions from a technological leper:

- Do EMR environmental conditions affect abilities to multi-task? To react quickly? Document changes or accumulations of EMR, look for trends, note incidences, to avoid future disasters. It is not likely the contaminating EMR in the environment can be reliably measured after the fact. If a logging meter were working before, during, and after, precautions could be places to avoid future problems.
- What were the EMR environmental conditions when: a) the airport control tower operators fell asleep? b) pilots forgot to land at the Minneapolis Airport? c) control tower error, planes too close? d) it was unusual that three healthy marathon runners died in Detroit; isn't it suspect when two runners died at the same time, and two runners died at the same location? e) increased suicides by military personnel who were not deployed? f) surgical errors increased at a Rhode Island hospital? Was EMR involved in any of these? Harm can be direct, indirect, or both.
- Where does the radiation created go? Where is it absorbed? Exposed / not exposed / exposure over time: changes in plants, changes in plant location, changes in animals, changes in insects. Is Earth absorbing some and rebelling? Exposed / not exposed / exposure over time: changes in DNA, changes in viruses, changes in the blood brain barrier, changes in blood. What are time frame trends for people to be harmed? How can exposure accumulations be measured? What are the time frames for technological lepers to be healed when not exposed?

International Agency for Research on Cancer



World Health
Organization

PRESS RELEASE
N° 208

31 May 2011

IARC CLASSIFIES RADIOFREQUENCY ELECTROMAGNETIC FIELDS AS POSSIBLY CARCINOGENIC TO HUMANS

Lyon, France, May 31, 2011 – The WHO/International Agency for Research on Cancer (IARC) has classified radiofrequency electromagnetic fields as possibly carcinogenic to humans (Group 2B), based on an increased risk for glioma, a malignant type of brain cancer¹, associated with wireless phone use.

Background

Over the last few years, there has been mounting concern about the possibility of adverse health effects resulting from exposure to radiofrequency electromagnetic fields, such as those emitted by wireless communication devices. The number of mobile phone subscriptions is estimated at 5 billion globally.

From May 24–31 2011, a Working Group of 31 scientists from 14 countries has been meeting at IARC in Lyon, France, to assess the potential carcinogenic hazards from exposure to radiofrequency electromagnetic fields. These assessments will be published as Volume 102 of the IARC *Monographs*, which will be the fifth volume in this series to focus on physical agents, after Volume 55 (Solar Radiation), Volume 75 and Volume 78 on ionizing radiation (X-rays, gamma-rays, neutrons, radio-nuclides), and Volume 80 on non-ionizing radiation (extremely low-frequency electromagnetic fields).

The IARC Monograph Working Group discussed the possibility that these exposures might induce long-term health effects, in particular an increased risk for cancer. This has relevance for public health, particularly for users of mobile phones, as the number of users is large and growing, particularly among young adults and children.

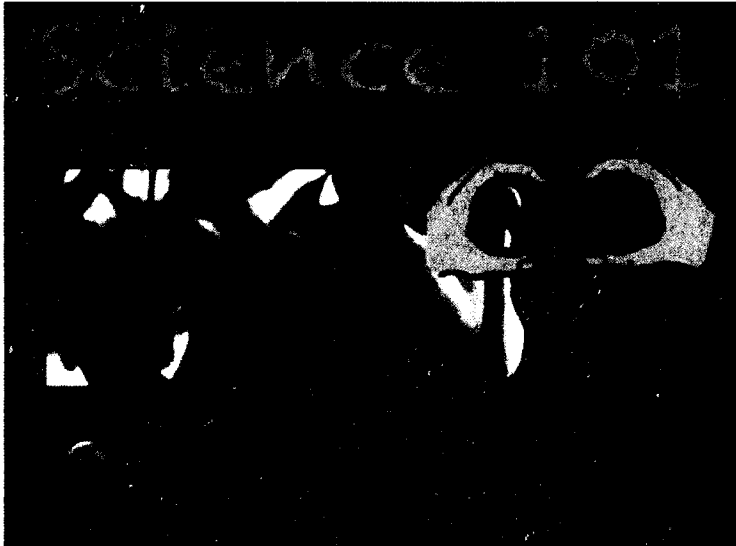
The IARC Monograph Working Group discussed and evaluated the available literature on the following exposure categories involving radiofrequency electromagnetic fields:

- occupational exposures to radar and to microwaves;
- environmental exposures associated with transmission of signals for radio, television and wireless telecommunication; and
- personal exposures associated with the use of wireless telephones.

International experts shared the complex task of tackling the exposure data, the studies of cancer in humans, the studies of cancer in experimental animals, and the mechanistic and other relevant data.

¹ 237 913 new cases of brain cancers (all types combined) occurred around the world in 2008 (gliomas represent 2/3 of these). Source: Globocan 2008

SCIENCE 101: CHERRY PICKING & BLACK SWANS



July 26, 2012. When I am asked to testify as an **expert witness** at a hearing, I am asked to submit a written document that will accompany my oral testimony. The question I address in my expert testimony is, "What scientific evidence do we have that this form of energy (low frequency electromagnetic fields, radio frequency radiation, or whatever) is harmful below guidelines?"

But that is not the question **adjudicators** want to hear. They want scientists to present a review of ALL literature so they can decide for themselves even though they are not qualified to address that question—no matter how brilliant they may be—if they don't understand the scientific method. **There is a disconnect between the legal system and the scientific method** and *weight-of-evidence* and *falsifiability* are two areas where the legal system fails to understand science.

Journalists often make the same mistake and label scientists as being biased or having preferences when they present information showing that something is harmful without presenting the same number of studies showing that something is safe.

Unfortunately, **policy makers** fall into the same category. *They just don't get it!* And—because *they don't get it*—we have a lag in critical policy decisions that need to be made in a timely fashion. The result is that guidelines remain non-protective for much longer than necessary.

One key that gives this away are statements using the "**c-words**." What are "c-words"? *Conclusive, consistent, convincing* often placed before the word "evidence" and preceded by the word "no".

A typical statement might be, "We have no conclusive, consistent, convincing evidence that bla-bla-bla is harmful below guidelines." As soon as you hear these words you recognize that evidence does exist but the person making

this statement doesn't hold that evidence in high regard. That person seldom expands by indicating what kind of evidence would be classified as *conclusive*, *consistent* or *convincing*, because if that evidence were available s/he would be in a quandary.

Science has a way of dealing with this "confusion" (another c-word) and that is the concept of falsifiability coined by Sir Karl Popper, one of the leading and most influential philosophers of science in the 20th century.

That concept is explained in a 10-minute video entitled "Science 101: Cherry Picking & Black Swans." Click [here](#) for link to video and send it to your favorite journalist, policy maker, and lawyer who deal with issues that involve science.

<http://www.magdahavas.com/science-101-cherry-picking-black-swans/>

<http://www.youtube.com/watch?v=QyzZX-bCiqs> View this You Tube

FCC Comments on Notification of Inquiry,

ET Docket No. 13-84,
Reassessment of Federal Communications
Commission Radiofrequency Exposure Limits and
Policies

ET Docket No. 03-137,
FCC Proposes Changes in the Commission's Rules
and Procedures Regarding Human Exposure to
RadioFrequency Electromagnetic Energy.

Diane Schou
PO Box 99
Green Bank, West Virginia 24944

Attached is a letter sent to:

Mr. Julius Knapp, Chief
Office of Engineering and Technology
Federal Communication Commission
Washington, D.C. 20554

FCC Comments on Notification of Inquiry,

ET Docket No. 13-84,
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Received & Inspected
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ET Docket No. 03-137,
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 Energy.

Electromagnetic radiation added to our environment can trigger people to unintentionally error, possibly causing accidents.

and

Diane Schou is harmed by exposure to electromagnetic radiation. (page 2)

and

Medical care / testing is NOT accessible to people harmed or disabled by electromagnetic radiation. (page 5)

Electromagnetic radiationⁱ added to our environment can trigger people to unintentionally error, possibly causing accidents.

What levels of electromagnetic radiation were present when:

- A) Airport control tower operators fell asleep?ⁱⁱ
- B) Pilots forgot to land at the Minneapolis Airport?ⁱⁱⁱ
- C) Vehicle accidents in buses, trucks, cars, trains, boats, and aircraft occurred?^{iv}
- D) Control tower errors were made when planes were too close to each other?^v
- E) Three healthy marathon^{vi} runners died; two of them at the EXACT LOCATION and two of them died within one minute.
- F) Suicides by military personnel who were not deployed have increased substantially.^{vii}
- G) Serious surgical errors increased at a hospital?^{viii}

Were electromagnetic radiation emissions a possible or likely factor? Harm can be direct, indirect, or both.

Can any exposure effect their responses? The value of avoiding harm should be more important than technology. *"People who are chronically exposed to low-level, wireless antenna emissions report symptoms such as problems in sleeping (insomnia), as well as other symptoms that include fatigue, headache, dizziness, grogginess, lack of concentration, memory problems, ringing in the ears (tinnitus), problems with balance and orientation, and difficulty in multitasking . . . Cognitive impairment, loss of mental concentration, distraction, speeded mental function, but lowered accuracy, impaired judgment, delayed*

reaction time, spatial disorientation, dizziness, fatigue, headache, slower motor skills and reduced learning ability . . . have all been reported”^{ix}

From personal experiences and observations exposures to very small levels of some electromagnetic radiation can cause injury. Many of us question incidences where peoples’ behavior could have been triggered by electromagnetic radiation (as noted earlier – see A through G events listed above).

Symptoms provoked by electromagnetic radiation may seriously affect airport control operators, pilots, vehicle drivers, military personnel, medical responders, and many others. **The environmental emissions may be influencing them to unintentionally make mistakes, therefore indirectly harming others.**

Diane Schou is harmed by exposure to electromagnetic radiation.

I became a victim from exposure. For me, electromagnetic radiation^x triggered and still triggers headaches^{xi}, fatigue, a decreased ability to think clearly; writing or speaking words or numbers may be wrong; sometimes it hurts to think; and my vision changes. I became gluten intolerant, experienced chest pains, and began having elevated blood sugar levels^{xii}. When I am not exposed, the pain and symptoms lessen or disappear, I can think clearly, blood sugar^{xiii} levels drop to normal. If I can have time to recover (i.e. 3 months), some electromagnetic radiation in an environment can be tolerated for a short time (a few minutes, i.e. to quickly go into a store and hopefully make a purchase before accosted by electromagnetic radiation) – or a few days (to attend my father’s funeral with my mother). Continued exposure produces more and more symptoms which seem to get worse with each exposure.^{xiv}

To be without pain and to be able to think, I live with little to no exposure. I live away from crowds (especially people carrying or using electronic devices), and especially cities. Do all cities except (except Green Bank, WV) have cell towers (base stations), wireless emissions and contaminated electricity? I avoid traffic with electronic and wireless devices, and roads near overhead power lines.

My life has become severely isolated and includes avoiding exposure from wireless devices. I am physically harmed if I go into environments with electromagnetic radiation.

Recently, I received a notice for jury duty. I am capable; only if accommodations at the courthouse could be made. *I wish to serve, but I have a special need or consideration and shall require the following accommodation or auxiliary aid:* “No exposure to electromagnetic radiations. (cell towers within 10 miles, power lines, vacuum cleaners, motors, wireless communication devices, cell phones, wi-fi, fluorescent lights, CFL lights, etc.)” Even if all of these accommodations were made, there is a strong chance that I would still be exposed to emissions coming from outside.

I appreciate that the court excused me, not forcing me to be there. But it is discouraging that electromagnetic radiation in the environment excludes me. I have the right to participate in a jury of my peers contained in the 6th Amendment

emissions), a sink is sitting on cinderblocks, many kitchen food preparation items are in boxes (my husband packed, so I don't know which one), so I am still in camping mode.

Costs for my family and me are enormous. They include not being able to work, not being able to help in our business, not being able to go home, and costs for consequences if I did. Sadly, we sold a large portion of our income-producing farm so I could have a safer place to live. There are costs for my husband to commute 2000 miles round trip to be with me. There have been costs for constructing adaptations to a living structure: putting electrical wires in conduits, burying the distribution cable, putting electrical appliances at the end of the house and farthest distance away from the living space, a switch to turn off refrigerator (when I want to access it). Fluorescent lights were removed from the basement because the electromagnetic radiation permeates the ceiling (through the floor of the room above) and injures me.

The costs continue: costs for being in pain and disabled because of exposure, costs for loss of health, increase in medical bills, costs for being unable to do things and costs for stress and efforts to keep alive. The costs for stress not knowing where to sleep without harm, costs for loss of liberty, and costs for loss of dreams and future. There were also costs for my son. Knowing his mother was homeless during the early period of my injury caused him tremendous stress (and the people he was around).

There are costs for not being able to communicate with spouse daily especially during meals and times not working, for not being able to oversee their safety late at night, for not being able to run errands, for not being able to maintain and improve things, for not giving input for which is the better selection (from my knowledge, therefore my education and experience are not utilized), for not being able to volunteer and be a social support, and for not being able to coordinate needs. There are costs for loss of support for self and to spouse (i.e. concern for safety of each other, the stress and concern for safety when husband spends many hours farming and doing research – the plants do not wait and the weather has an unpredictable window. There are costs for preparing separate meals; the cost of stress, for example, of hearing about a closed secret meeting about cell towers. When I heard (an untrue) rumor of possible cell towers coming here, I felt stressed, distressed, and felt a loss of hope for a future. There are costs for being prohibited from doing things because of ridicule, harassment^{xvi}, bullying, threats, exclusion, and physical harm, stress when I and visitors (refugees) got sick from electromagnetic radiation intermittently emitted by my neighbors.

There is the cost of using much time doing what I am doing now – fighting for survival and for a safer environment (I had never taken part in protests, I never questioned our government, its decisions were right, I trusted American citizens lives were valued. It is becoming increasingly aware that everyone can be affected). What I am doing is foreign. There are the costs of obtaining research papers verifying effects from electromagnetic radiation emissions; costs and stress in educating contractors, costs in not having a home completed and jobs not done. The costs of feeding refugees here. The costs for

not being able to be with and help family and friends, and the stress of no one to turn to for support.

If the assaulting emissions from the cell tower had been turned off, lessened, or aimed in another direction, I would have likely been living at home with my husband and following our dreams. Instead, I was harmed, became disabled and sought safety, as a refugee. It is possible this could happen to anyone as these triggers are real and statistically validated for one's specific exposure frequency.^{xvii}

A need for NO exposure is what people harmed by electromagnetic have in common. Victims of electromagnetic radiation urgently need designated wireless-free, White Zones. (To date, I am unaware of any support or protection from the FCC with the help of EPA and our government.)

Please, ban, turn off or lower electromagnetic radiation emissions. Please, ban or put a moratorium on new frequencies, new emissions, and new antennas. Protected zones from current technology are urgently needed. Newer technologies will create desperate situations for the sensitive and will likely affect the health of everyone.

Medical care / testing is NOT accessible to people harmed or disabled by electromagnetic radiation

When there becomes a need to go to a clinic or hospital (when myself or someone else is injured or very ill), which is the *least harmful*?^{xviii}

- A) no exposure, hence no medical care for the emergency health issue?
- B) medical attention and the likelihood of being injured from electromagnetic radiation exposure? (Many doctors have noted heart problems, abnormal EKG, elevated blood sugar, seizures when patients are exposed to wireless and electromagnetic radiation in their clinics and hospitals.)

I contacted 14 hospitals to inquire about access for persons with EHS and not one expressed any ability to accommodate that population. This response from the facilities director at a major university hospital in Michigan was typical:

"Reading the documentation that was sent makes it clear that anyone with a sensitivity to high frequency electromagnetic radiation should stay far away from the [name of medical institution] because we emit a lot of it between the various electronic systems that are in use."

University of Iowa Hospital and Clinic *"Absolutely no way will we be able to accommodate EMS people"*

While these statements acknowledge the condition, it makes it impossible to enter the hospital for treatment.

would have injured me. I felt some of the staff ignored my disability and insisted for me to be there; I could not.

Where there is electromagnetic radiation, people who are harmed try to avoid exposure. When I suspected I had a broken toe, I did not go to emergency. The cell towers, cell phones, fluorescent lights, computers, and wireless communication would have likely caused greater damage. I did not obtain medical care when I had a red, itchy eye (a person with conjunctivitis had visited three days earlier). I did not obtain medical care when I had a fever, a cough and a sore throat (I suspect it was something many people including the mayor had and the university sports teams did not come nor travel away)

I did obtain medical care when I discovered a lump in my breast. Consequences of hospital experience were: mammography showed no cancer, but I had three days with diarrhea, five days with tender breasts, and seven days with a very bad headache.

When exposed, a new symptom is chest pain. A local doctor referred me to a heart center for tests. Prior to going, I alerted the heart center that electromagnetic radiation harmed me. I asked if the procedure would harm me. They responded they had no incandescent lights and I would have to bring my own. My husband went with me. In the waiting room, they refused to turn off the fluorescent lights, even though my husband and I were the only patients there. I went outdoors and waited in the car. When they came with an injection, I again asked how people harmed by electromagnetic radiation reacted; did people's body reject the radiation that will be going into the blood? They did not know. I asked what were the typical side effects? They did not know about side effects and they said they could not get this information. I did not risk the procedure.

Please establish a medical code to recognize health conditions (i.e. pain, injury, harm, disability, health effects) from electromagnetic radiation exposure and from the second-hand effects (others effected, therefore affecting others).

Searching for medical care in West Virginia, the West Virginia Institute of Occupational Medicine responded: *"I am not able to locate any medical facilities that meet your needs. I am sorry and hope that you have recovered from your cut."*

Solution: For those disabled by electromagnetic radiation, home visits or turning off fluorescent lights and wireless devices in clinics and hospitals would help.

In conclusion

Because *very small* exposure to some electromagnetic radiation injure *me*, I am alerted to many issues, and I question many incidences where peoples' behavior could have been triggered by electromagnetic radiation (as stated in cases A through G listed above). Medical care / testing is not accessible to people harmed or disabled by electromagnetic radiation. The solution is to have home visits or to turn off harmful electromagnetic radiation. The present standards are not conducive to human health. They did not protect me, they do not protect people directly, they do not protect people indirectly.

Diane Schou, Ph.D.

ⁱ Electrical fields, magnetic fields, ground currents, non-ionizing radiation frequencies. One device likely does not emit all frequencies. People may react to some frequencies, some fields, and not to other frequencies. A need for NO exposure is what we have in common. I am aware of some devices to measure emissions (an electrical meter, a gauss meter, and a spectrum analyzer), but there is still a void (electromagnetic radiation people feel but the utility companies or telephone companies cannot or will not identify). Many meters are not sensitive enough. Some people injured by electromagnetic radiation can feel emissions (meters cannot or before meters do detect such as when an aircraft is approaching or reacting to emissions from a cell tower before we round the curve and it becomes visible). Thermal standards do not measure electromagnetic radiation emissions in the environment. Please measure electrical fields, contaminated electrical fields, magnetic fields, ground currents, stray voltage, non-ionizing radiation, and more.

Fiber optic systems are faster, more reliable, less expensive (than copper), keep data for further distances, have more bands, are safer, and more secure. Remove sources of contamination: wireless communication, broadband over power or telephone lines, copper lines. Copper lines are susceptible to interference, are slower, less secure, cost more, have a shorter life span, loose power with distance, emit line noise or pulsing, and are susceptible to moisture. **Promote, install and use fiber optics.**

- ⁱⁱ Lucas, S. (Writer). (2011). Asleep in the tower, *NBC Nightly News April 16, 2011*. NBC.
- ⁱⁱⁱ Lowy, J., Freed, J., Karnowski, S., Forliti, A., & Koenig, D. (2009, October 23). Pilots missed Twin Cities by 150 miles—but how? Washington: The Associated Press.
- ^{iv} Perhaps due to slow reacting, less able to multitask, vision change or faulty judgment of altitude or speed. Perhaps from equipment installed, equipment carried on, the area traveled through or the truck, bus, train, aircraft, car, or boat drivers accumulation of exposure?
- ^v Halsey, A. (Writer). (2011). Plane carrying Michelle Obama aborts landing because of controller error: The Washington Post.
- ^{vi} Autopsies expected after 3 die during Detroit race (2009). Associated Press Mon Oct 19, 2009 5:54 AM EDT.
- ^{vii} CNN News Update (11-17-2009) 4 PM EST
- ^{viii} R.I. Hospital fined for wrong-side surgery. (2009), *CBS News, November 2, 2009*. Providence, R.I.: The Associated Press.
- ^{ix} Sage, C., & Carpenter, D. O. (2009). Public health implications of wireless technologies.
- ^x Emissions from a new cell tower gave me headaches when I was home but not when I was away. I contacted both the FCC and the cell tower company, about reacting to the emissions from a cell tower 1/3 mile away. I expected protection and the problem (health effects correlated to the tower's emission) resolved, my complaint was dismissed, and I was told they (the emitting cell-

tower antenna emission company) had never heard of health effects and (from the FCC) health effects were not possible. They repeated this statement when other calls were made.

The exposure continued, I became more ill, more injured, and disabled. When I was away, I became better; when home, symptoms reappeared; when away, symptoms lessened or disappeared; simply driving by the tower near my home, symptoms reappeared. The injury morphed to include emissions from other cell towers (when driving, in other locations, and when an antenna in a shopping mall was inappropriate) and cell phones (when people used them), then electrical appliances (vacuum cleaners, refrigerators, coffee makers), inverters, converters, fluorescent lights, notebook computers, and overhead power lines. Later, symptoms occurred after being near wireless microphones, cordless telephones, cellphones (even in pockets not being used), cellphones inside parked vehicles not being used, wi-fi, compact fluorescent lights, contaminated electricity, generators, and motors. There could be errors in the order of occurrence. The most recent: has been symptoms from desktop computers and electronic books. There may be more, but I hope not.

I listed the items that provoke radiation sickness symptoms for me while others may become ill from them too – harming them and/or possibly triggering them to make unintentional mistakes.

- ^{xi} I am not prone to headaches and headaches were and still are rare, unless wounded by electromagnetic radiation. Sometimes the injury may not be felt instantly. It could be compared to sun exposure, where one becomes sunburned and feels it later. When severely sunburned, a little bit of sun, or hot water or heat from an appliance is too much. An amazingly very small amount of electromagnetic radiation (too little for many meters to measure) can injure.

One night, I had a throbbing headache. A spectrum analyzer screen displayed pulsing frequency spikes. I could turn the scientific instrument off, but the pounding headache did not go away.

- ^{xii} From my observation, others are affected too. For a good resource focused on the medical field see Bevington, M. (2010). *Electromagnetic - Sensitivity and Electromagnetic - Hypersensitivity (also known as Asthenic Syndrome, EMF Intolerance Syndrome, Idiopathic Environmental Intolerance - EMF, Microwave Syndrome, Radio Wave Sickness) - A Summary*. MK18 5EH UK: Capability Books.

Although our symptoms differ, what afflicted persons have in common is that some symptoms lessen with NO exposure.

- ^{xiii} Havas, M. (2008). Dirty electricity elevates blood sugar among electrically sensitive diabetics and may explain brittle diabetes. *Electromagn Biol Med*, 27(2), 135-146. doi: [10.1080/15368370802072075](https://doi.org/10.1080/15368370802072075)
- ^{xiv} When pain became almost unbearable (it hurt so much, I cried) from coffee makers, power lines, to aircraft flying overhead, my husband sent me to Scandinavia. Electricity is different, with 50 Hertz (Hz) in Europe (60 Hz in the U.S.A.). I met many people living in isolated areas, living under

conditions they unwillingly (and I needed to) adapted to. A book Granlund-Lind, R., & Lind, J. (2005). *Black on White: Voices and Witnesses about Electrohypersensitivity. The Swedish experience* (J. Ganellen, Trans.). Sala, Sweden: Mimers Brunn Kunskapsförlaget PDF on-line: www.feb.se/feb/blackonwhite-complete-book.pdf or www.wavr.org/blackonwhite.pdf. is a summary of first hand testimonies from people harmed by electromagnetic radiation.

- ^{xv} Standing to talk at an outdoor payphone (a common resource): Exposed to inclement weather such as in down-pouring rain is logically wet and chilling but note taking on soaked paper (or exposing legal documents needed at the phone for reference) adds another challenge



The photo showing access problems, a pay phone in the snow, was taken at Easter time in 2007. Communication with family via telephone during this special day has to be important. When the pay phone works, it is used often, even in bad weather. Access to telephone communication is a problem for electromagnetic radiation sensitive persons. Using telephones are painful and injure; it seems it would be obvious that **communication via telephones by electromagnetic radiation injured people are not simple nor friendly social calls.**

- ^{xvi} I telephoned the community senior center; spoke to the county director about a problem of harassment (from one of their board members, by one of their cooks, and no response from the director himself) I hoped there was a misunderstanding to people harmed by electromagnetic radiation. I am not the only person encountering a negative reaction. The director told me the senior center won't do anything; electromagnetic radiation harm is not a disability recognized by West Virginia ADA. I asked for a written statement on this segregation. His response was he didn't have time to discuss this, [click].

- ^{xvii} Rea, W. J., Pan, Y., Yenyves, E. J., Sujisawa, I., Samadi, N., & Ross, G. H. (1991). Electromagnetic field sensitivity. *J Bioelectr*, 10, 241-256.

- ^{xviii} Doctors and emergency responders need to be trained to diagnose electromagnetic radiation injury and precautions for people injured by it. We are all being exposed to electromagnetic radiation and we are getting incrementally weakened from electromagnetic radiation whether we know it or not. A side note, the functioning of medical personnel may be impaired by

their exposure; they need to take precautions for themselves so they don't indirectly make errors.

The functioning of medical personnel may be impaired by their exposure. An unexpected observation/experience led to my awareness of how staff could be unwittingly affected by electromagnetic radiation.

A dentist and the assistant both commented how relaxed each felt doing the dental work (a tooth had broken and needed repair). They noted this comfortable/relaxed feeling was unusual. What was different? They made accommodations for me. They had turned off all the compact fluorescent lights, keeping on only the incandescent operation light and the dentist's LED head gear, to accommodate my electromagnetic radiation disability in this minor emergency. These two professionals were unaware they may be electromagnetic radiation sensitive, yet each noticed their health was better without CFL lights. A second visit about a year later, evoked the same response.

A new dental office opened in town. I tried it. Accommodations to my sensitivities were made and fluorescent lights were turned off. Lighting was from a large window, the dentists' headgear, and the operation light. Cleaning up after the work in my mouth, they both discussed how good they felt. These were volunteered comments and not something asked by me.

I ask that the FCC accept this Comment and its Endnotes on notification if inquiry for consideration under

ET Docket No. 13-84,
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Exposure Limits and Policies

Received & Inspected

SEP 09 2013

FCC Mail Room

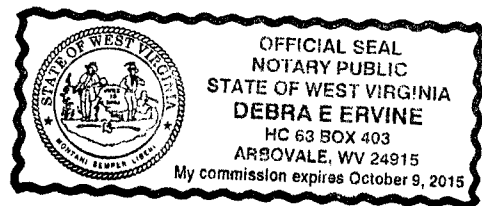
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As it is material evidence of the existence of emissions to which my family and I are subject.

Diane D. Schou
Diane D. Schou, Ph.D.

Sworn to before me
This 3rd day of September, 2013

Debra E. Ervine
Notary Public



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Gentlemen / Ladies:

My background is Amateur Radio Commercial Radio Engineer (First Class Radio Telephone
license), Crypto Mech. (U.S. Army) and last career Industrial Electrician – troubleshooting
machines, so I look for cause and effect.

When I first heard of electromagnetic radiation sensitivity (EHS), I thought that it was just
overactive imagination – then I saw a few double blind examples: a digital watch forgotten in
coat pocket; a turned off computer (still running), camera in pants pocket, etc.

Dr. Rae in Dallas, Texas had a study on the WEB, with how one study was done. I read the
complete thing to see if errors could be found and the results that convinced me that sensitivity
was real.

An other test done by Rubin in England – I also read how the test was done and how it was
designed to come up with the results he was PAID to get. Most EHS cannot stand cell phone
towers so a test within blocks of a cell tower and office machines (brush motors – variable speed
drives) running even one floor up will bother lots of EHS people. Such environments will delete
anyone that becomes too sick to finish the whole battery of tests. The people most harmed from
electromagnetic radiation will have been not included in the results.

I've seen tests of cells in petri-dishes being modified, but cannot tell personally if the tests were
valid, as many other research reports. I feel sorry for you – having to sort the real from the
flawed science.

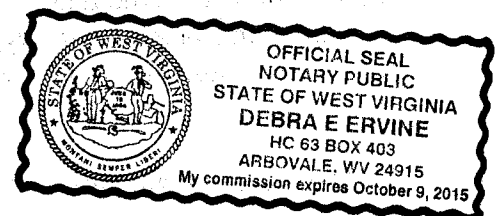
I would ask for caution – keep electromagnetic radiation levels down at schools. This includes
wi-fi inside the school. I have adult friends with EHS and suspect like cancer, EHS may be a 20
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Wendell Wagner Wendell Wagner

Sworn to before me this 3RD day of September, 2013

Debra E Ervine Notary Public



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